

MEDICATION ADMINISTRATION RECORD **BOSWELL PHARMACY SERVICES**
 814-629-1397 • Fax: 814-629-7644

MEDICATIONS	HOUR																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
IBUPROFEN 600MG TABLET UB FOR: MOTRIN 600MG TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY WITH FOOD X 90 DAYS (TAKE WITH SARAFATE)	0700																							
	1100																							
	1500																							
	1900																							
SIBERGALFATE 1GM TABLET UB FOR: CARBATE 1GM TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY X 90 DAYS (TAKE WITH MOTRIN)	0700																							
	1100																							
	1500																							
	1900																							
HYDROXYZINE PAM 50MG CAP UB FOR: VISTARIL 50MG CAPSUL LINDEMUTH, P TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 90 DAYS	P																							
	R																							
	N																							
	AS																							
ALPRAZOLAM 1MG TABLET UB FOR: XANAX 1MG TABLET LINDEMUTH, P TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED X 90 DAYS	P																							
	R																							
	N																							
	AS																							
Kaopectate 300 po QID prn X 14 days	P																							
	R																							
	N																							
	AS																							

Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial																						
ME AND NUMBER												FACILITY												CHARTING FOR												THROUGH											
DATE OF BIRTH OF POC, SEC NO.												ALLERGIES												DIAGNOSIS																							
01/23/1970												NO KNOWN ALLERGIES																																			

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BOSWELL PHARMACY SERVICES

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CELECOXIB 200MG TABLET JAKER, MARK (MED DIR) DO TAKE ONE TABLET BY MOUTH THREE TIMES DAILY WITH FOOD FOR 14 DAYS		0700	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
HYDROXYZINE 25MG CAP UB FOR: VISTARIL 50MG CAPSULE LINDENUTH, P TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 5/20 DAYS		P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
ALPRAZOLAM 1MG TABLET SUB FOR: XANAX 1MG TABLET LINDENUTH, P TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED X 5/20 DAYS		P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Micromedex cream 2% apply thinly bid to groin crack		R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Carafate 1gm PO QID		N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
MOTILIN 30mg PO QID 20-30 min before meals			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		Initial	Signature		
ALLERGIES		NO KNOWN ALLERGIES																																	
DATE OF BIRTH OR SOC SEC NO.		01/23/1970																																	
FACILITY																																			
CHARTING FOR		THROUGH																																	
DIAGNOSIS																																			

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HYDROXYZINE PAM 50MG CAP UB FOR: VISTARIL 50MG CAPSULE LINDENUTH, P TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 90 DAYS	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
ALPRAZOLAM 1MG TABLET UB FOR: XANAX 1MG TABLET LINDENUTH, P TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED X 90 DAYS	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
Motrin 800mg po tid = food x 14 d.	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	R																																
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
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	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	R																																
	N																																
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22										

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Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
Medication 1: Xanax 1mg TID PRN																																	
Medication 2: Vicodin 50mg TID PRN																																	
Medication 3: 9 H3 PRN																																	
Medication 4: Xanax 1mg TID PRN																																	
Medication 5: Xanax 1mg TID PRN																																	
Medication 6: Xanax 1mg TID PRN																																	
Medication 7: Xanax 1mg TID PRN																																	
Medication 8: Xanax 1mg TID PRN																																	
Medication 9: Xanax 1mg TID PRN																																	
Medication 10: Xanax 1mg TID PRN																																	
Medication 11: Xanax 1mg TID PRN																																	
Medication 12: Xanax 1mg TID PRN																																	
Medication 13: Xanax 1mg TID PRN																																	
Medication 14: Xanax 1mg TID PRN																																	
Medication 15: Xanax 1mg TID PRN																																	
Medication 16: Xanax 1mg TID PRN																																	
Medication 17: Xanax 1mg TID PRN																																	
Medication 18: Xanax 1mg TID PRN																																	
Medication 19: Xanax 1mg TID PRN																																	
Medication 20: Xanax 1mg TID PRN																																	
Medication 21: Xanax 1mg TID PRN																																	
Medication 22: Xanax 1mg TID PRN																																	
Medication 23: Xanax 1mg TID PRN																																	
Medication 24: Xanax 1mg TID PRN																																	
Medication 25: Xanax 1mg TID PRN																																	
Medication 26: Xanax 1mg TID PRN																																	
Medication 27: Xanax 1mg TID PRN																																	
Medication 28: Xanax 1mg TID PRN																																	
Medication 29: Xanax 1mg TID PRN																																	
Medication 30: Xanax 1mg TID PRN																																	

MEDICATION ADMINISTRATION RECORD

MEDICATIONS		HOUR																								DATE OF BIRTH OR SOC SEC NO.		ALLERGIES		NAME AND NUMBER				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DIAGNOSIS	
MICONAZOLE NITRATE 2% CRE BAKER, MARK (MED DIR) DO APPLY THINLY TO GROIN RASH TWICE DAILY X 30 DAYS																																		
IBUPROFEN 300MG TABLET SUB FOR: MOTRIN 300MG TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY WITH FOOD X 30 DAYS (TAKE WITH CARAFATE)																																		
SUCRALFATE 1GM TABLET SUB FOR: CARAFATE 1GM TABLET BAKER, MARK TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY X 30 DAYS (TAKE WITH MOTRIN) ISSUED																																		
HYDROXYZINE 25MG CAP SUB FOR: VISTARIL 25MG CAPSULE LINDENUTH, P TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED X 30 DAYS																																		
ALPRAZOLAM 1MG TABLET SUB FOR: XANAX 1MG TABLET LINDENUTH, P TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED X 30 DAYS																																		
KAPPA-DELTA 300 PG QID PM																																		
2-20-03 X 14 DAYS																																		

01/2002

(ALBI-283) ALBION CORRECTIONAL

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[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

ARTING FOR 10/01/2002
vsician LINDEMUTH, PSYCH, ANGELA

THROUGH 10/31/2002

Telephone.No.

Medical Record No.

Alt. Telephone

Physician

NO KNOWN DRUG ALLERGY

Rehabilitative Potential

agnosis

dicaid Number

Medicare Number

Complete Entries Checked:

01/2002

501.

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR 09/01/2002 THROUGH 09/30/2002

Physician LINDEMUTH, PSYCH. ANGELA

Telephone No.

Medical Record No. _____

Physician

Alt. Telephone

NO KNOWN DRUG ALLERGY

Rehabilitative Potential

Diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

Title

Date: